



Parent Permission Form/ Required for Student Participation

Please use a pen, print and answer all questions.

Student Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Name of Emergency Contact: _____ Phone #: _____

Parent/Guardian Name: _____ Phone#: _____

School Name: _____ Counselor/Teacher Name: _____

Dear Parent/Guardian:

Your son or daughter has indicated an interest in participating in Career Day, held on November 17, 2016. The event will be held at the Washington State Fairgrounds from 8:30 a.m. to 1:30 p.m. Bus transportation to and from the event will be provided by participating school districts. Students will be accompanied by teachers and/or school staff, and other adult chaperones will be present at the event. Lunch will be provided for everyone in attendance.

As part of the event, your son or daughter will have the opportunity to participate in hands-on activities of industry processes, which may involve the use of hand tools, power tools, and heavy equipment. Your son or daughter will be required to: wear a hard hat provided by the event sponsors, observe safety rules, wear safety glasses provided and follow directions given by the event sponsors and volunteers. In addition, your student may be photographed and/or voice and/or video recorded for publicity purposes.

Please sign below to give permission for your son or daughter to attend this event. If under age of 18, a student must have a parent signature on this form in order to participate in this event

As the parent/guardian of: _____

STUDENT'S NAME (PLEASE PRINT)

I hereby give permission for my son/daughter to participate in Career Day as outlined above. I assume any and all risk of damage or injury to his/her person or property and hereby release my student's school district and its employees; Pierce County Career Day planning committee, sponsors and presenters; from any and all claims or liabilities resulting from my son's/daughter's participation.

In addition, I hereby consent to the photographing of him/her and the recording of his/her voice, and the use of these photographs and/or recordings for advertising, publicity, commercial or other business purposes, free of charge. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage.

I further consent to the reproduction and/or authorization by the members of the 2016 Event Planning Committee for Pierce County Career Day and/or participating school districts to reproduce and use said photographs and recordings of my son's or daughter's voice for use as described above. Further, I understand that others, with the consent of the members of the 2016 Event Planning Committee, may use and/or reproduce such photographs and recordings.

I hereby release the members of the 2016 Event Planning Committee and any of their associates or affiliated companies, and my student's school district and any of its employees, from all claims of any kind on account of such use.

Parent/Guardian Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____